This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of February 9, 2022. Please check the South Dakota Department of Health website for the most current information and guidance.

COVID.sd.gov

SOUTH DAKOTA DEPARTMENT OF HEALTH

Agenda

- Situation Update

- Laboratory Guidance

- Long Term Care

- Vaccination Update

- Infection Prevention

- Community Mitigation

- Supply Chain Management

- On-going Communications

- Q&A Session

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Situation Update

SOUTH DAKOTA DEPARTMENT OF HEALTH

Coronavirus Situation

- <u>International</u>
  - 396,558,014 confirmed cases
    - o 5,745,032 deaths
- <u>United States</u> (50 states + DC)
  - 75,890,112 confirmed cases
    - o 895,389 deaths
- <u>South Dakota</u>
  - 232,046 confirmed and probable cases
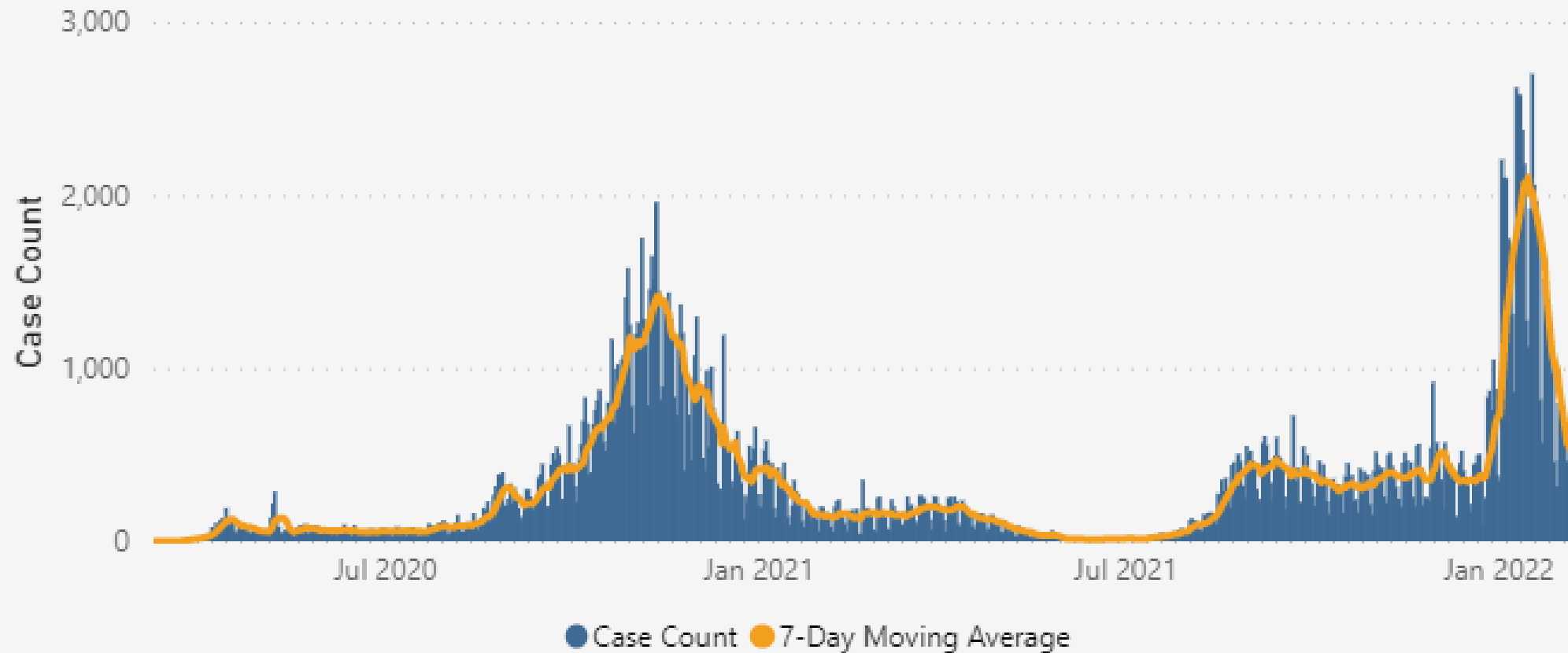   - o 2,706 deaths
    - o 211,757 recovered cases

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Epidemiologic "Epi" Curve of COVID-19 Cases, by Date Reported to SD-DOH

Cases by Date Reported to SD-DOH

As of February 9th, 2022

SOUTH DAKOTA DEPARTMENT OF HEALTH

COVID-19 Case Map, by County
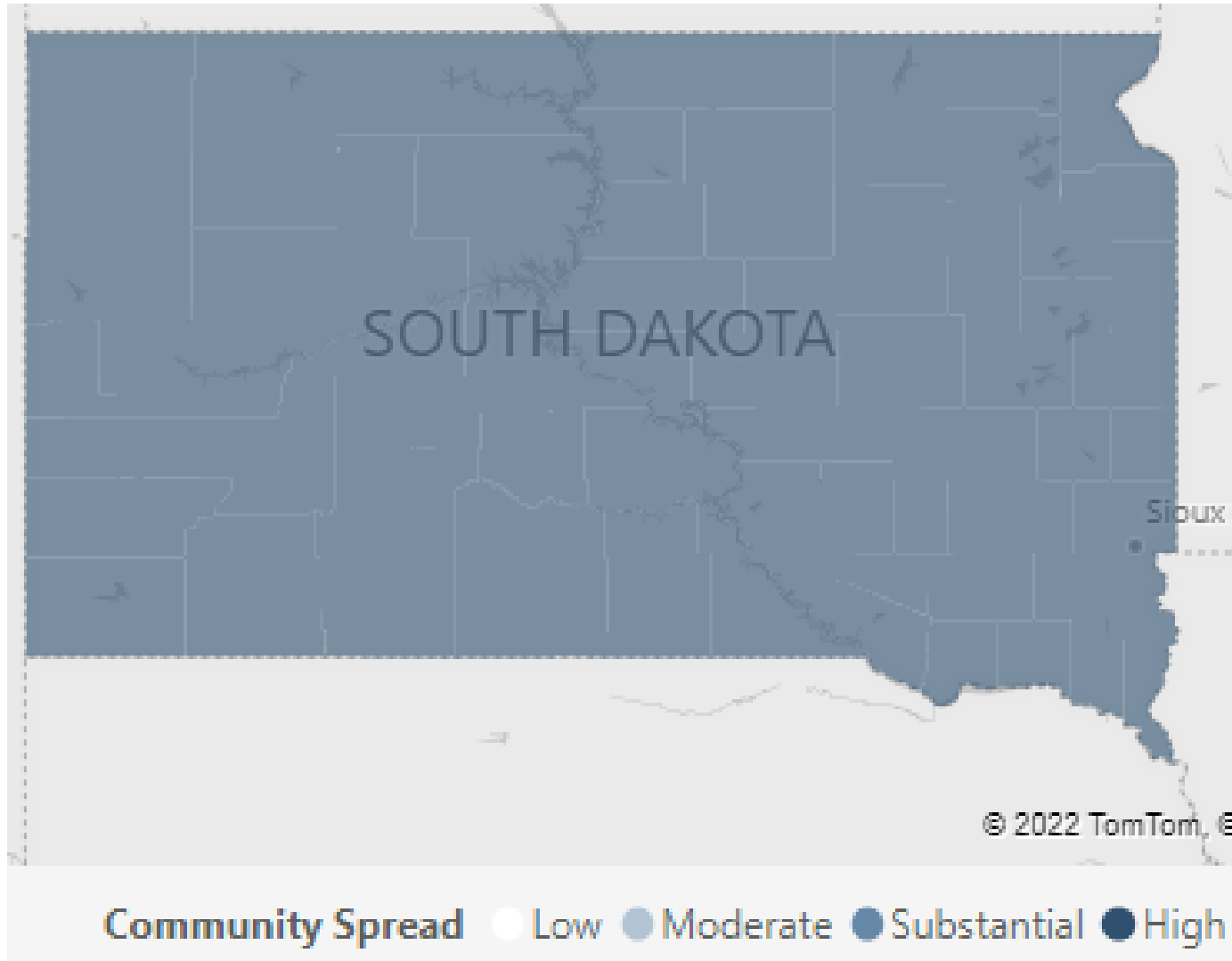
Community Spread	Number of Counties
Low	0
Moderate	0
Substantial	0
High	66

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As of February 9th, 2022

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General Testing Recommendations

Medical providers are recommended to test individuals (1) identified as a close contact to a person with COVID-19 or (2) signs and symptoms compatible with COVID-19 infection, including:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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Reporting COVID-19 Tests to SD-DOH

- **Reminder**: Coronavirus respiratory syndromes are a Category I disease

- Report ***immediately*** on suspicion of disease

- Reporting mechanisms:
  - Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)

  - Flat file (CSV) – Secure email

  - Disease reporting website – sd.gov/diseasereport
    - Ensure patient phone numbers are included

  - Fax – 605.773.5509

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Cases, Hospitalizations, and Deaths by Age Group Cumulative
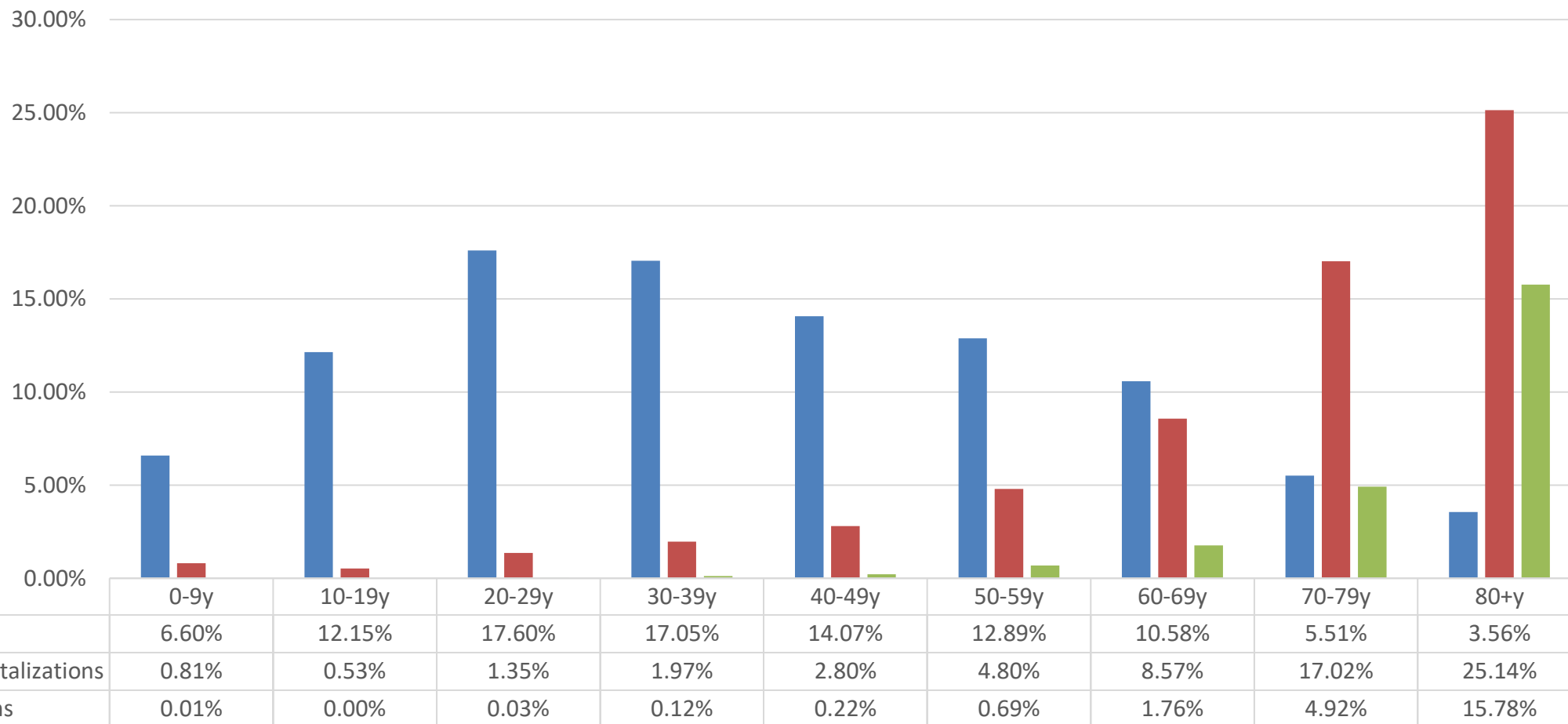
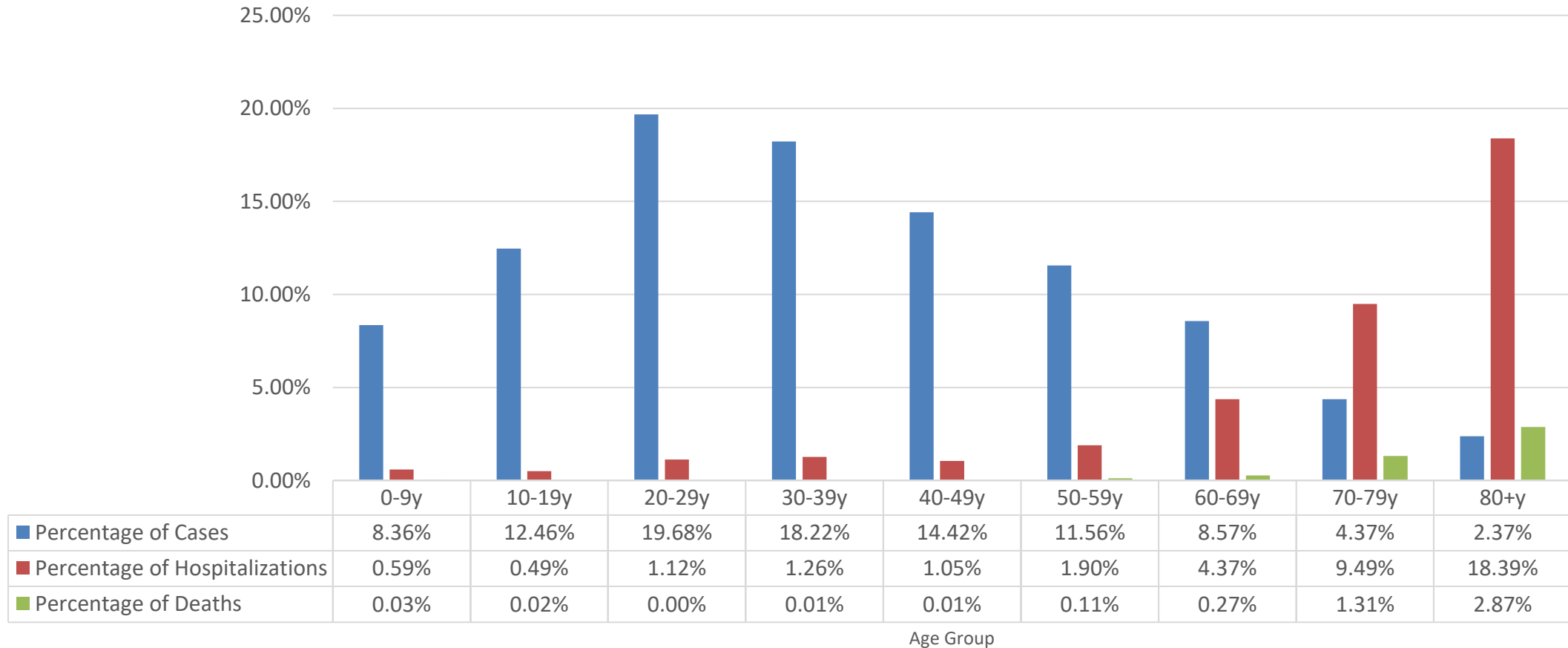|	0-9y	10-19y	20-29y	30-39y	40-49y	50-59y	60-69y	70-79y	80+y
■ Percentage of Cases	6.60%	12.15%	17.60%	17.05%	14.07%	12.89%	10.58%	5.51%	3.56%
■ Percentage of Hospitalizations	0.81%	0.53%	1.35%	1.97%	2.80%	4.80%	8.57%	17.02%	25.14%
■ Percentage of Deaths	0.01%	0.00%	0.03%	0.12%	0.22%	0.69%	1.76%	4.92%	15.78%

Age Range

Pct of Cases (distribution of cases across age groups)
Pct Hospitalized (of cases within age groups)
Pct Died (of cases within age groups)

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As of February 8th, 2022   *Not intended for press or for reporting purposes.*

Cases, Hospitalizations, and Deaths by Age Group
Omicron Predominance - January 2022

Age Group	0-9y	10-19y	20-29y	30-39y	40-49y	50-59y	60-69y	70-79y	80+y
■ Percentage of Cases	8.36%	12.46%	19.68%	18.22%	14.42%	11.56%	8.57%	4.37%	2.37%
■ Percentage of Hospitalizations	0.59%	0.49%	1.12%	1.26%	1.05%	1.90%	4.37%	9.49%	18.39%
■ Percentage of Deaths	0.03%	0.02%	0.00%	0.01%	0.01%	0.11%	0.27%	1.31%	2.87%

Pct of Cases (distribution of cases across age groups)
Pct Hospitalized (of cases within age groups)
Pct Died (of cases within age groups)

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Breakthrough, Variant, and Reinfection Cases

| Breakthrough Cases	#
Cases	16,663
Hospitalized	760
Died	179

Reinfection	#
Cases	9,335
Hospitalized	166
Died	24

| Variant Cases	#
Cases	1,567
Hospitalized	75
Died	18

COVID-19 Variant Data under *Tables* tab:
https://doh.sd.gov/COVID/Dashboard.aspx

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As of February 8th, 2022   *Not intended for press or for reporting purposes.*

COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021

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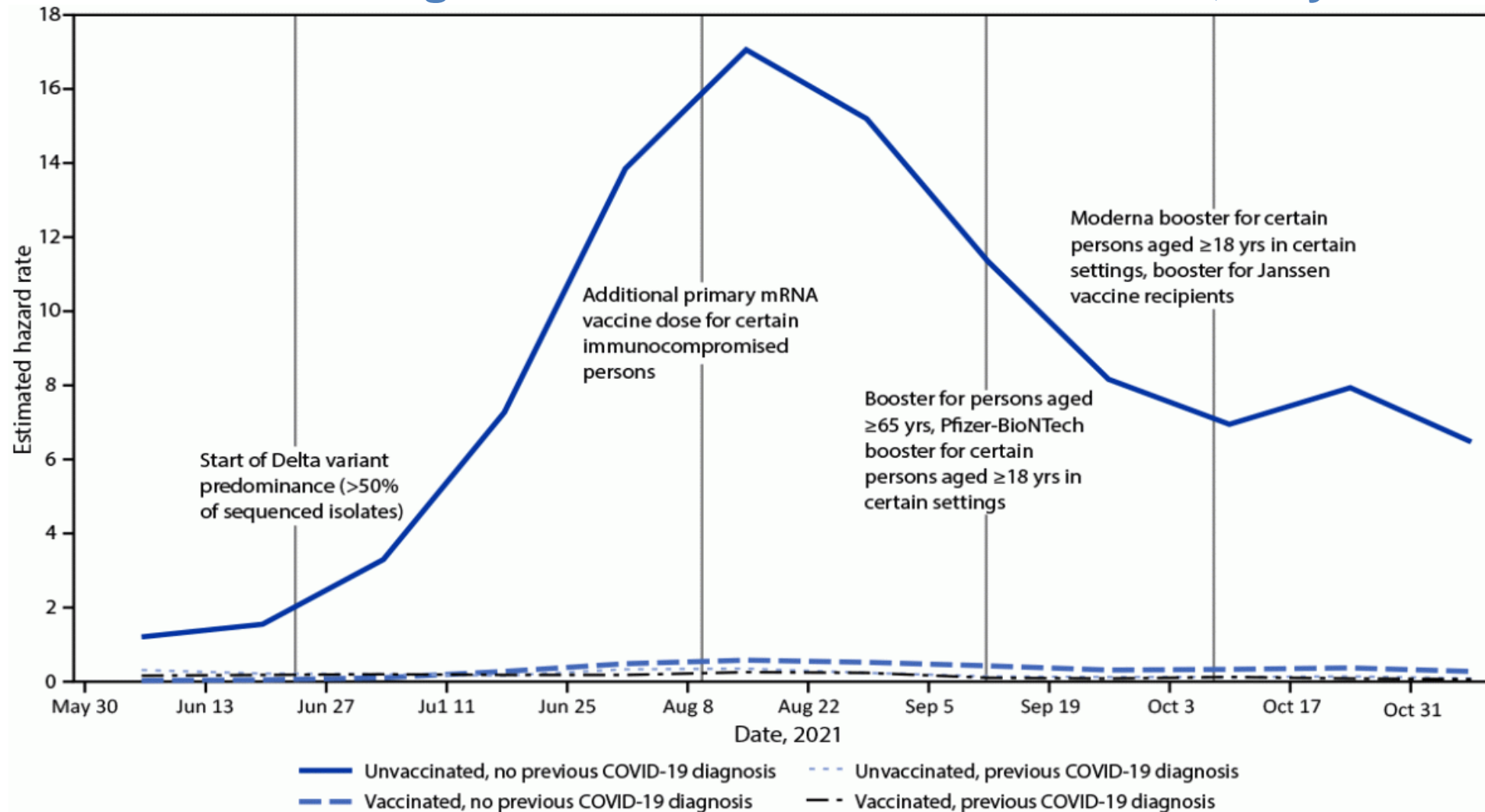
SARS-CoV-2 Infection and Hospitalization Among Adults Aged ≥18 Years, by Vaccination Status, Before and During SARS-CoV-2 B.1.1.529 (Omicron) Variant Predominance — Los Angeles County, California, November 7, 2021–January 8, 2022
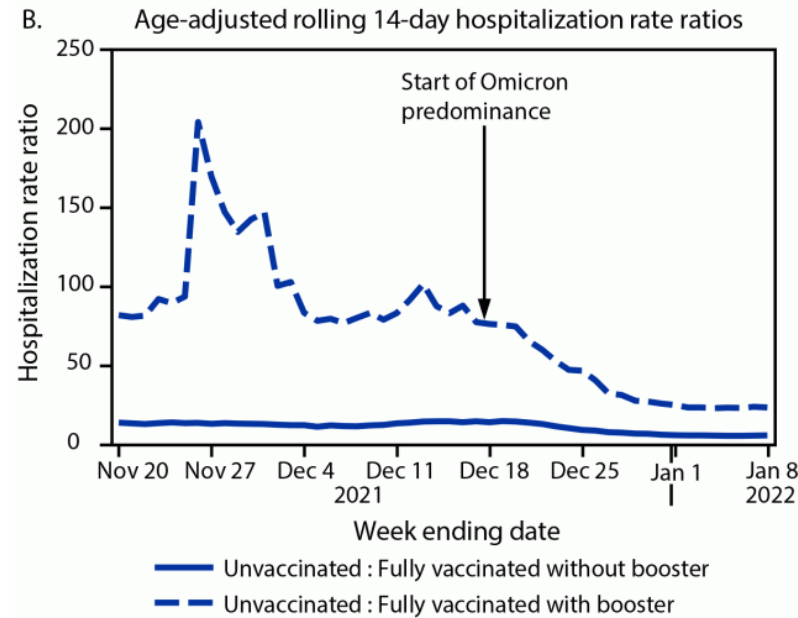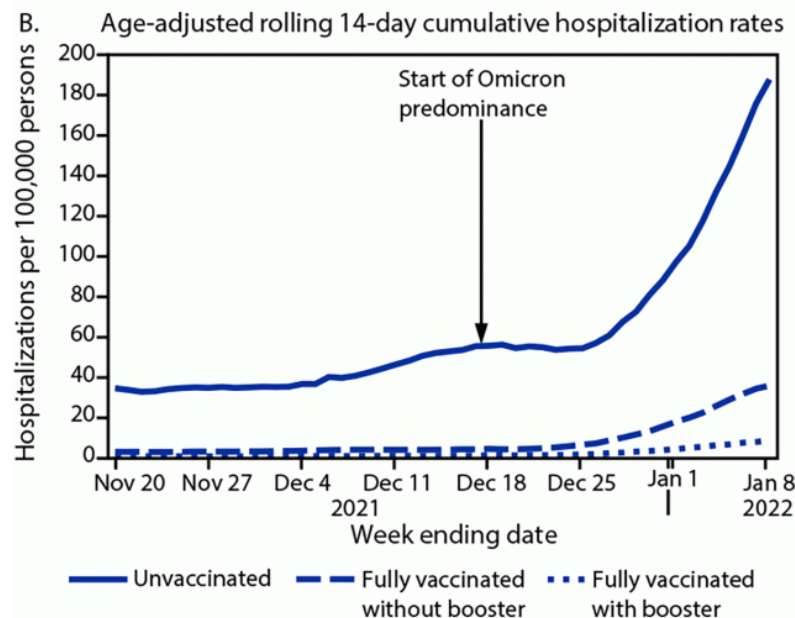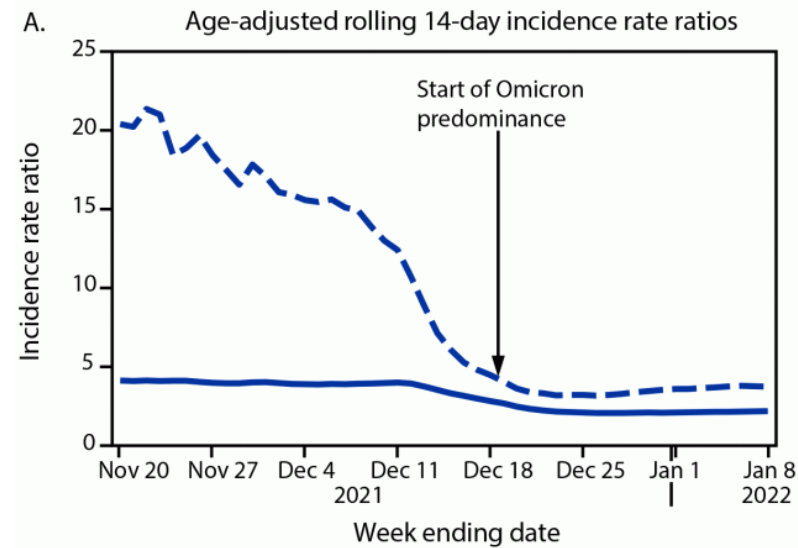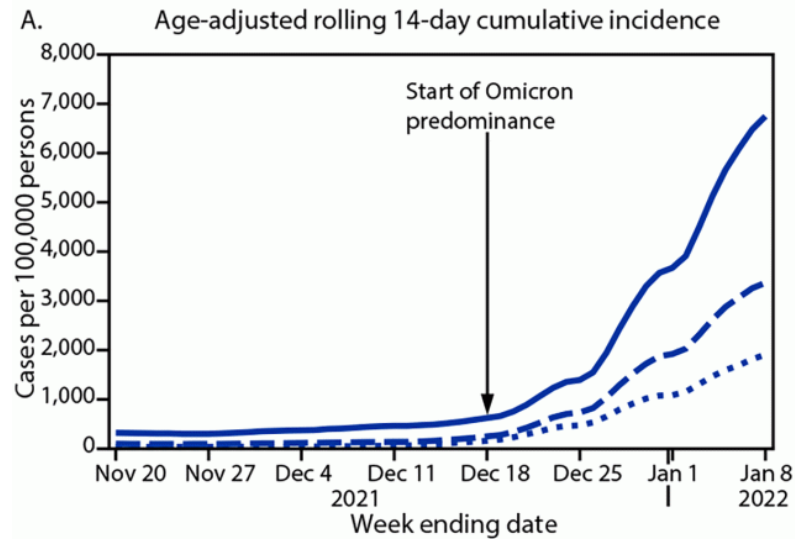
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Updated Child Care Guidance

CDC recommends universal indoor masking for ages 2 years and older, regardless of vaccination status.

Isolation and quarantine periods can be reduced to five days for people who can consistently wear well-fitting masks, as long as they remain symptom free, or their fever has ended, and symptoms have improved.

For staff and children who cannot wear a mask (including all children under 2 years of age), the safest option is to isolate or quarantine for 10 full days.

Layered COVID-19 prevention strategies are encouraged to protect people not up to date or not eligible for COVID-19 vaccines.

Providers should implement these strategies to the extent possible in consultation with regulatory agencies and state and local public health departments while also considering the educational needs and social and emotional well-being of the children and the importance of children's access to learning and care.

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html

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Updated Travel Guidance

Do NOT travel if…
You are sick, tested positive for COVID-19, are waiting for results of a COVID-19 test, or had close contact with a person with COVID-19 and **are recommended** to quarantine.

Do not travel until a full 10 days after your symptoms started or the date your positive test was taken if you had no symptoms.
Do not travel until a full 5 days after your last close contact with the person with COVID-19. It is best to avoid travel for a full 10 days after your last exposure.

If you must travel during days 6 through 10 after your last exposure or were a close contact and **NOT recommended to quarantine**:

- Test at least 5 days after your last close contact, make sure your test result is negative, and continue to monitor for symptoms. If you don't get tested, avoid travel until a full 10 days after your last close contact with a person with COVID-19.
- Wear a well-fitted mask when you are around others for the entire duration of travel during days 6 through 10. If you are unable to wear a mask, you should not travel during days 6 through 10.

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Selected CDC Updates

Available at: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html

COVID Data Tracker: https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Covid-19 Vaccines for Moderately to Severely Immunocompromised:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

Travel Recommendations by Destination: https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html

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Laboratory Guidance

SOUTH DAKOTA DEPARTMENT OF HEALTH

1 Million COVID OTC Test Kit Campaign

- On Friday, January 21, SDDOH began distribution of Flowflex COVID-19 antigen home tests.

- By the week of February 7, SDDOH distributed 937,500 Flowflex kits.

- Additional kits are ordered and will be distributed in the coming weeks.

- Unfortunately, supply chains are still strained which has delayed statewide distribution of kits.
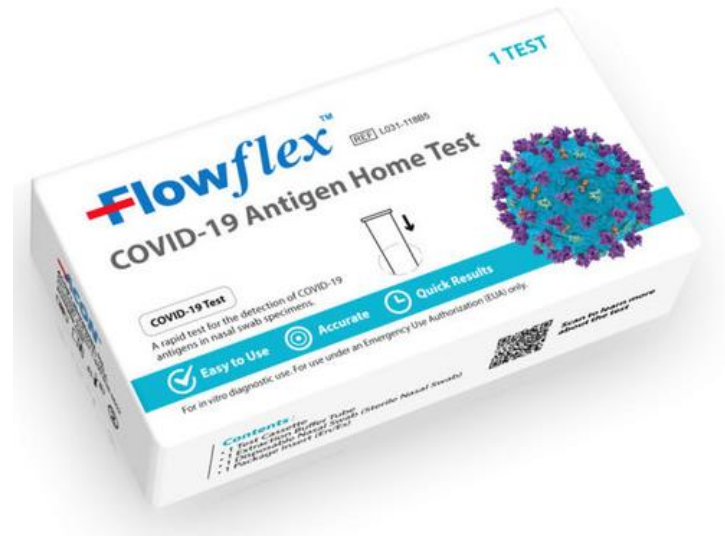
The goal of the 1M COVID OTC kit campaign was a one-time distribution of test kits to South Dakota communities. Moving forward, SDDOH will refocus OTC testing resources to preexisting programs that emphasize testing needs of South Dakota's most at-risk populations. All South Dakotan's will still have access to other SDDOH testing resources such as free saliva testing from Vault Health.

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SDDOH 1 Million Tests: FAQ

Q: What if test kits appear to be damaged?

A: Slight damage to packaging: if there is minor cosmetic damage to the kit packaging, please distribute the kit as intended.

A: Water damage or major damage to packaging (few kits): do not distribute damaged kits; please discard and do not notify the SDDOH.

A: Water damage/major damage to packaging (many kits): do not distribute damaged kits; please discard and notify the SDDOH. SDDOH does not have additional kits for replacement at this time.

Q: When can I request another shipment of Flowflex tests?

A: SDDOH will not routinely stock Flowflex kits following the completion of the 1M kit campaign. Following this campaign, SDDOH will refocus COVID test distribution efforts on our long-standing distribution programs in support of at-risk populations. Other federal, state, and local testing opportunities will still be available.

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COVID Testing Resources

- For questions about DOH testing support, please contact:
  - FQHC, CHC, Rural Clinics: Kaitlin.Thomas@state.sd.us
  - Long-term Care: Denise.Broadbent@state.sd.us
  - Healthcare: Laurie.Gregg@state.sd.us
  - EMS: Marty.Link@state.sd.us
  - Pharmacies: Bob.Coolidge@state.sd.us
  - K-12 Schools: Joe.Moran@state.sd.us
  - Higher Education: Laurie.Gregg@state.sd.us
  - Childcare Providers: Laura.Nordbye@state.sd.us
  - Businesses: John.Osburn@state.sd.us
  - Confinement Facilities: Staci@southdakotasheriffs.org

- Inquiries for Abbott BinaxNOW and ID NOW should be sent to:
  Dorothy.Ahten@abbott.com

- Inquiries for COVID-19 testing resources can also be sent to:
  Matt.VanDam@McKesson.com

- Free COVID-19 tests kits are also available from the federal government at: https://www.covidtests.gov/

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Long Term Care

SOUTH DAKOTA DEPARTMENT OF HEALTH

Disease Impact & Vaccine Status in LTC – United States

Data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module.

By the numbers

87.4%
National Percent of Vaccinated Residents per Facility

82.1%
National Percent of Vaccinated Staff per Facility

902,964
Total Resident COVID-19 Confirmed Cases

147,168
Total Resident COVID-19 Deaths

953,731
Total Staff COVID-19 Confirmed Cases

2,265
Total Staff COVID-19 Deaths

Source: https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/

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Long Term Care in South Dakota

Trending of COVID-19 Disease in Nursing Homes and Assisted Living Centers

- 959 Deaths in LTC residents

- LTC accounts for approximately 35% of deaths among people with COVID-19

Data is provisional

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Week	Resident Cases	Staff Cases	Number of Facilities	Nursing Homes	Assisted Living Centers	Facility Cases in Staff Only
08/02/21	16	15	10	8	2	7
08/09/21	26	23	15	11	4	9
08/16/21	25	31	23	15	8	16
08/23/21	39	45	31	21	10	21
08/30/21	70	70	38	25	13	25
09/06/21	83	89	39	27	12	20
09/13/21	97	102	46	33	13	24
09/20/21	102	100	46	30	16	24
09/27/21	86	95	40	28	12	24
10/04/21	107	101	48	33	15	20
10/11/21	136	108	50	37	13	24
10/18/21	154	104	45	29	16	18
10/25/21	172	106	42	25	17	19
11/01/21	204	114	42	30	12	20
11/08/21	218	145	49	38	11	24
11/15/21	130	99	44	34	10	17
11/22/21	98	86	37	30	7	17
11/29/21	66	79	32	26	6	18
12/06/21	82	109	45	33	12	27
12/13/21	82	135	56	41	15	38
12/20/21	67	132	51	38	13	34
1/3/22	89	192	71	56	15	48
1/10/22	148	392	100	70	30	69
1/17/22	248	765	135	88	47	77
1/24/22	443	1164	151	95	56	63
1/31/22	695	1543	150	94	56	55
2/7/22	814	1686	141	93	48	58

Long Term Care in South Dakota

Providers must continue to follow the **Core Principles of Infection Prevention.**

☀ *Screening (active). Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility.*

☀ *Hand hygiene*

☀ *Face coverings*

☀ *Instructional signage and education*

☀ *Cleaning and disinfecting*

☀ *Appropriate PPE. *Please note: Use of N-95 respirator's require medical clearance, training, and fit-testing.*

☀ *Cohorting residents*

☀ *Appropriate testing*

CMS Memos

➢ QSO-20-39-NH *(revised 11.12.21) - Visitation*

➢ QSO-22-09-ALL *(revised 01.14.22) – Vaccination (Health Care Staff)*

➢ QSO-22-10-ALL *(revised 01.25.22) - Vaccine Expectations for Surveyors*

➢ QSO-20-38-NH *(revised 09.10.21) - Testing*

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Long Term Care in South Dakota

QSO-22-09-ALL *(revised 01.14.22) - Vaccination*

- **Vaccine Mandate for Health-Care Workers**
  https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-2
  - ➢ **Phase 1 - February 14, 2022**
  - ➢ **Phase 2 - March 15, 2022**

- **Federal vaccination requirement Frequently Asked Questions** *(updated 1.20.22)*
  https://www.cms.gov/files/document/cms-omnibus-covid-19-health-care-staff-vaccination-requirements-2021.pdf

- **Listing of vaccination rates for individual nursing homes:** Click to see a list of every nursing home with recent resident and staff vaccination rates and other data.

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Percent of Current Residents with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.

South Dakota – 94.98%
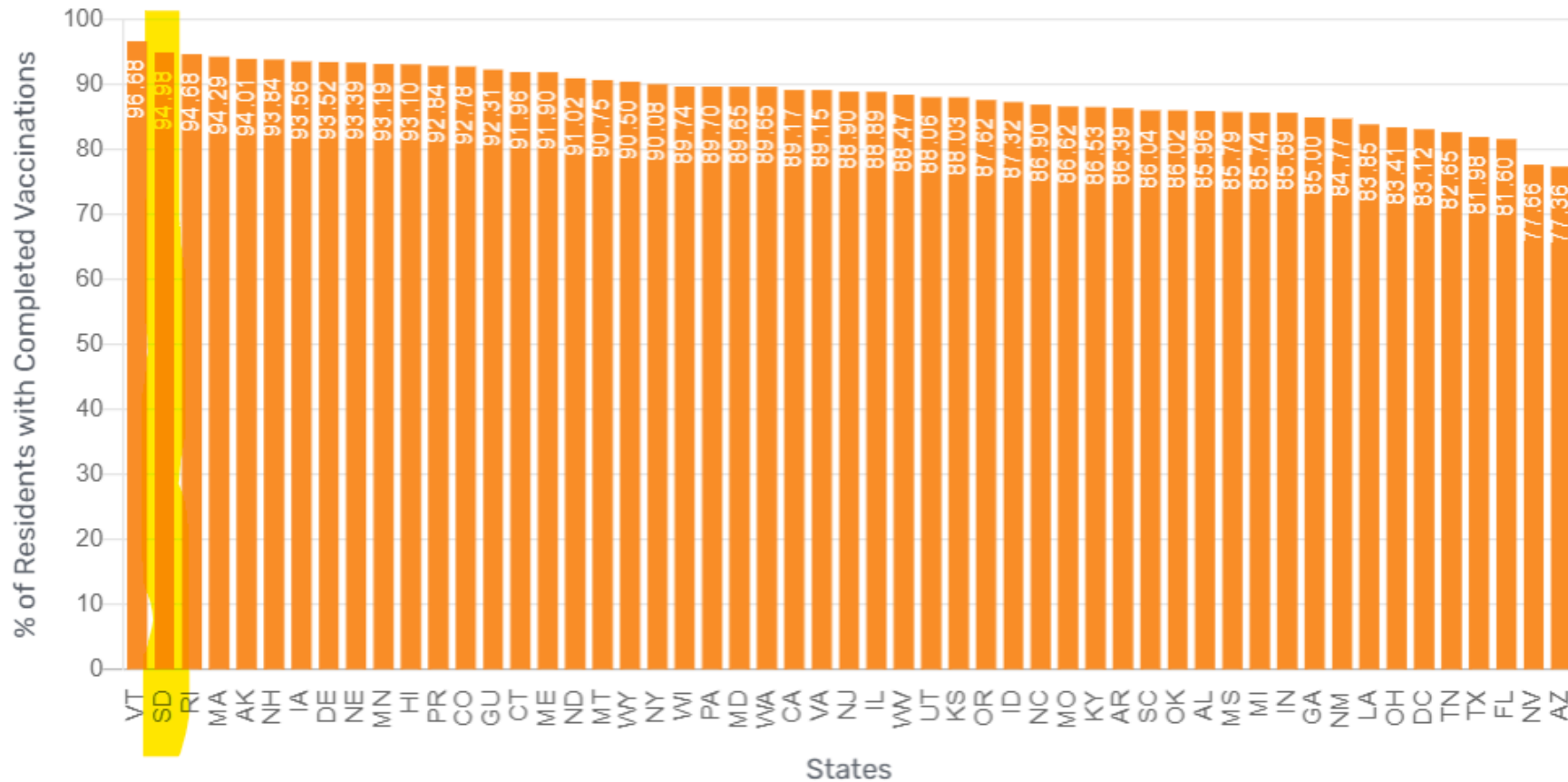
This call is not intended for the press or for reporting purposes.

Choose to get vaccinated. **Protect** yourself, your family, and our residents.

Dakota – 79.01%

Percent of Current Staff (Healthcare Personnel) with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.

urce:
ps://data.cms.gov/covid-
/covid-19-nursing-home-data

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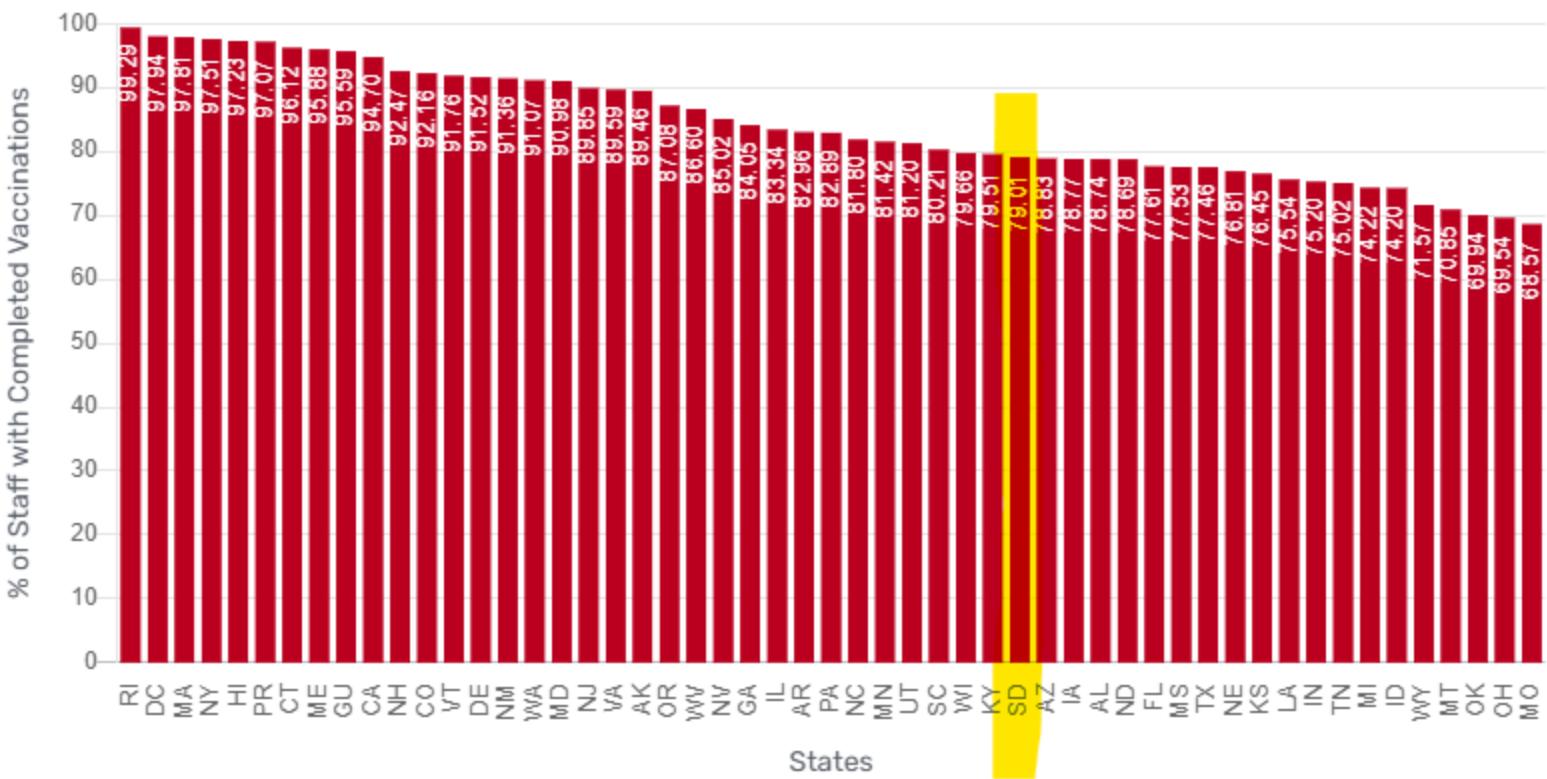
This call is not intended for the press or for reporting purposes.

Who to Contact *with COVID Related Questions*

Diana Weiland, RN, Nursing Home Advisor - phone 605-995-8057 or email
Diana.Weiland@state.sd.us

Jennifer Maeschen, RN, Assisted Living Center Advisor – phone 605-995-8147 or email
Jennifer.Maeschen@state.sd.us

Jill Rudloff, RN, COVID LTC Touch Base Contact - phone 605-394-1668 or email
Jill.Rudloff@state.sd.us

Elaine Hanley, RN COVID LTC Touch Base Contact – phone 605-773-3497 or email
Elaine.Hanley@state.sd.us

Tina Muller, LNHA COVID LTC Touch Base Contact – phone 605-773-5116 or email
Tina.Muller@state.sd.us

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Vaccination Update

SOUTH DAKOTA DEPARTMENT OF HEALTH

Doses Administered

01/26/2022

Total Doses Administered*
1,133,628

Manufacturer	# of Doses
Janssen	36,606
Moderna	452,710
Pfizer	644,312

Total Persons Administered a Vaccine*
506,684

Doses	# of Recipients
Janssen - Series complete	34,137
Janssen - Booster dose	2,457
Moderna - 1 dose	24,873
Moderna - Series complete	170,292
Moderna - 3rd/Booster dose	83,085
Pfizer - 1 dose	35,554
Pfizer - Series complete	248,310
Pfizer - 3rd/Booster dose	107,908

Percent of State Population with at least 1 Dose**
69%

Doses	% of Pop.
1 dose	69.40%
Series Complete	56.73%
Booster dose	29.80%

Based on 2019 Census Estimate for aged 5+ years (1 dose and Series Complete) and 16+ years (Booster dose).

02/09/2022

Total Doses Administered*
1,157,408

Manufacturer	# of Doses
Janssen	37,153
Moderna	461,319
Pfizer	658,936

Total Persons Administered a Vaccine*
512,372

Doses	# of Recipients
Janssen - Series complete	34,557
Janssen - Booster dose	2,596
Moderna - 1 dose	25,209
Moderna - Series complete	172,333
Moderna - 3rd/Booster dose	86,949
Pfizer - 1 dose	35,081
Pfizer - Series complete	253,238
Pfizer - 3rd/Booster dose	112,725

Percent of State Population with at least 1 Dose**
70%

Doses	% of Pop.
1 dose	70.43%
Series Complete	57.63%
Booster dose	31.20%

Based on 2019 Census Estimate for aged 5+ years (1 dose and Series Complete) and 16+ years (Booster dose).

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COVID Vaccine coverage by age as of 02/08/2022
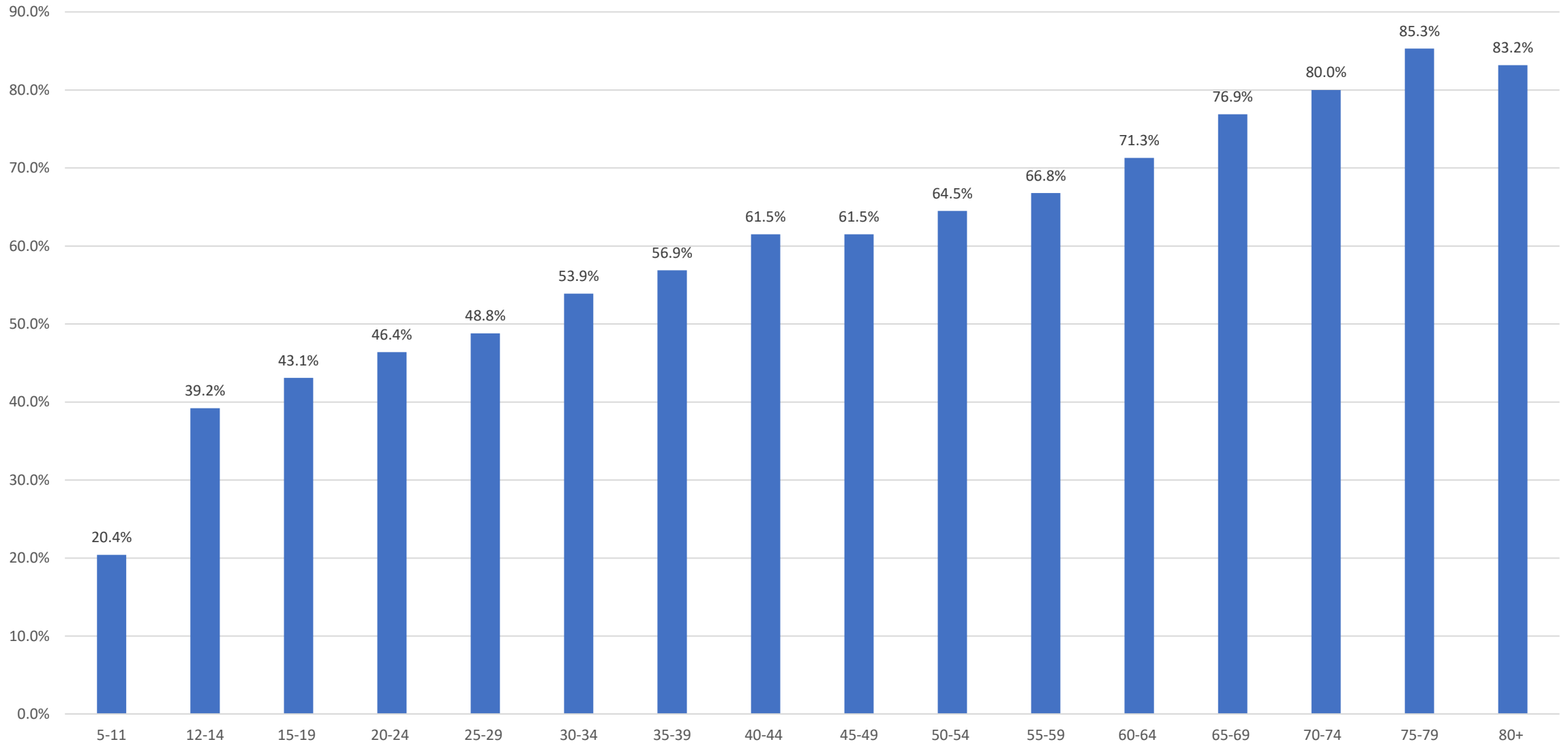
Not intended for press or for reporting purposes

Spikevax and Moderna COVID-19 Vaccine

On January 31, 2022, the FDA announced the second approval of a COVID-19 vaccine. The vaccine has been known as the Moderna COVID-19 Vaccine, and will now be marketed as Spikevax, for the prevention of COVID-19 in individuals 18 years of age and older. Spikevax has the same formulation as the EUA Moderna COVID-19 Vaccine and is administered as a primary series of two doses, one month apart.

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Pfizer COVID-19 Vaccine for ages 6 months – 4 years

Pfizer-BioNTech has submitted data for FDA review regarding a COVID-19 vaccine for children age 6 months to 4 years.

On February 1st, the U.S. Food and Drug Administration announced a meeting of its Vaccines and Related Biological Products Advisory Committee (VRBPAC) on February 15th to discuss the request for emergency use authorization (EUA) of the Pfizer-BioNTech COVID-19 Vaccine for use in children 6 months through 4 years of age.

ACIP has scheduled a meeting for February 17th to consider the FDA's findings. The Director of the CDC will then recommend the vaccine for this age group.

Doses may be delivered/administered as soon as President's day.

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Pfizer-BioNTech COVID-19 Vaccine Products

PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL; CDC DOCUMENT – SHARED FOR JURISDICTIONAL PLANNING PURPOSES ONLY

	Current Products		Future Product
Age Indications[a]	12 years and older	5 through 11 years	6 months through 4 years[d]
Vial Cap Color and Label with Color Border	GRAY	ORANGE	MAROON
Preparation	Do Not Dilute	Dilute Before Use	Dilute Before Use
Amount of Diluent Needed per Vial[b]	Do Not Dilute	1.3 mL	2.2 mL
Dose Volume/Dose	0.3 mL/**30 mcg**	0.2 mL/**10 mcg**	0.2 mL/**3 mcg**
Doses per Vial	6 doses per vial	10 doses per vial (after dilution)	10 doses per vial (after dilution)
Storage Conditions			
ULT Freezer (-90°C to -60°C)[c]	9 months	9 months	9 months
Freezer (-25°C to -15°C)	DO NOT STORE	DO NOT STORE	DO NOT STORE
Refrigerator (2°C to 8°C)	10 weeks	10 weeks	10 weeks
Room Temperature (8°C to 25°C)	12 hours prior to first puncture (including any thaw time)	12 hours prior to first puncture (including any thaw time)	12 hours prior to first puncture (including any thaw time)
After First Puncture (2°C to 25°C)	Discard after 12 hours	Discard after 12 hours	Discard after 12 hours

[a] Use the appropriate product based on the age of the recipient.   [b] Diluent: Sterile 0.9% Sodium Chloride Injection, USP. Do not use bacteriostatic 0.9% Sodium Chloride Injection or any other diluent.

[c] Regardless of storage condition, vaccines should not be used after 9 months from the date of manufacture printed on the vial and cartons.

[d] The vaccine is currently under emergency use authorization review by the Food and Drug Administration (FDA) for children 6 months through 4 years old.

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Additional Primary Shot and Booster Shot for Some Immunocompromised People

Eligible For	IF YOU RECEIVED **Pfizer-BioNTech**	IF YOU RECEIVED **Moderna**	IF YOU RECEIVED **Johnson & Johnson's Janssen**
Additional Primary Shot	People **age 5+** who are moderately or severely immunocompromised **should** get an additional primary shot of Pfizer-BioNTech COVID-19 vaccine

Given 28 days after 2nd shot | People age 18+ who are moderately or severely immunocompromised **should** get an additional primary shot of Moderna COVID-19 vaccine

Given 28 days after 2nd shot | No additional primary shot is recommended at this time |

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Additional Primary Shot and Booster Shot for Some Immunocompromised People

Booster Shot

- Teens **ages 12–17** should only get a Pfizer-BioNTech COVID-19 vaccine booster shot

- People **age 18+** should get a booster shot of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations

Given 5 months after additional primary shot

People **age 18+** should get a booster shot of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations

Given 5 months after additional primary shot

People **age 18+** should get a booster shot of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations

Given 2 months after 1st shot

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Who is Moderately or Severely Immunocompromised?

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

People should talk to their healthcare provider about their medical condition, and whether getting an additional primary shot is appropriate for them.

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Novavax COVID-19 Vaccine

- Novavax announced January 31st, 2022 that it has submitted a request to the U.S Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) for NVX-CoV2373, its protein-based COVID-19 vaccine candidate for immunization of individuals 18 year of age and older against SARS-CoV-2.
- The FDA has not provided a specific timeline on when or if this vaccine will be approved but will likely not be in the first half of 2022.

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Infection Prevention

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Infection Prevention Updates and Resources for Healthcare Facilities

SOUTH DAKOTA DEPARTMENT OF HEALTH

Vaccination status

- Updated the description of healthcare personnel, patients, and visitors as "up to date." Read more here: [Stay Up to Date with Your Vaccines | CDC](#)

Get Vaccinated and Stay Up to Date

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Fully vaccinated means a person has received their primary series of COVID-19 vaccines.

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Use of N-95 respirators

Please see complete guidance for full personal protective equipment recommendations

- CDC continues to recommend gown, gloves, eye protection and a NIOSH-approved N95 or equivalent or higher-level respirator **when caring for patients known or suspected to be infected with SARS-CoV-2**.

- For **source control** measures, facilities may choose to implement the following:

Source control options for HCP include:

- A NIOSH-approved N95 or equivalent or higher-level respirator OR

- A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated) OR

- A well-fitting facemask.

When used solely for source control, any of the options listed above could be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If they are used during the care of patient for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved N95 or equivalent or higher-level respirator) during the care of a patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions, they should be removed and discarded after the patient care encounter and a new one should be donned.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

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Viral testing

- CDC continues to emphasize that anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.

- Asymptomatic patients with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection.
  - Generally, test immediately (but not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.

- ***Testing is not generally necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days***; however, if tested, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended as some people may remain NAAT positive after they are no longer infectious.

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<u>Criteria to end <mark>isolation</mark> for patients with SARS-CoV-2 infection cared for in a healthcare facility</u>

- Asymptomatic patients or those with mild to moderate illness and who are not moderately to severely immunocompromised: **manage with recommended precautions for 10 days after their symptoms first appeared.**

- Patients with severe to critical illness and who are not moderately to severely immunocompromised: **manage with recommended precautions until at least 10 days and up to 20 days have passed since symptoms first appeared.**

- Symptomatic and asymptomatic patients who are moderately to severely immunocompromised: **a test-based strategy and (if available) consultation with an infectious disease specialist or other expert is recommended to determine when these patients can be released from isolation.**

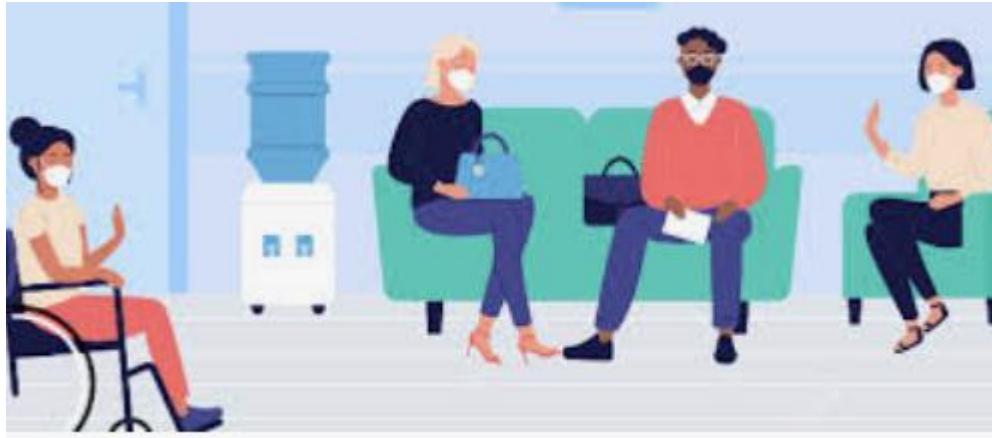*Not intended for press or for reporting purposes*

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Quarantine for patients:

- Empiric use of Transmission-Based Precautions (quarantine) is recommended for patients who have had close contact with someone with SARS-CoV-2 infection if they are **not up to date** with all recommended COVID-19 vaccine doses. *Duration of quarantine is described in the guidance under Manage Residents with Close Contacts:* https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599

- Quarantine is *not* generally needed following close contact with someone with SARS-CoV-2 infection for asymptomatic patients *who are up to date on all recommended COVID-19 vaccine doses or who have recovered from infection in the prior 90 days*. Potential exceptions are described in the guidance.

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Visitation

- Even if they have met community criteria to discontinue isolation or quarantine, visitors **should not visit** if they have any of the following and have not met the same criteria used to discontinue isolation and quarantine for patients (typically until 10 days after last exposure or onset of symptoms has passed):

    1) a positive viral test for SARS-CoV-2,

    2) symptoms of COVID-19, or

    3) close contact with someone with SARS-CoV-2 infection

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A review of the updates was given on a recent Clinician Outreach and Communication Activity (COCA) Call, which was recorded and is accessible here: [Webinar January 13, 2022 - Updates to CDC's COVID-19 Quarantine and Isolation Guidelines in Healthcare and Non-healthcare Settings.](#) **Please consult the guidance documents for the full recommendations.**

- **CDC COVID-19 Guidance**: Below is a list of healthcare IPC and other related guidance documents that have been recently published or updated by CDC. For additional updates, CDC's [What's New & Updated](#) tool is a helpful way to stay up-to-date with new and updated content on CDC's COVID-19 webpages. Users can filter by date, webpage type, audience, and topic.
  - [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (1/21/22)
  - [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (1/21/22)
  - [COVID-19 Vaccines for Long-term Care Residents](#) (1/21/22)
  - [Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19](#) (1/07/22)
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control (FAQ section of IC)

- **CMS and OSHA Updates:**
  - [Vaccination Expectations for Surveyors Performing Federal Oversight; QSO-22-10-ALL](#) (1/25/22)
  - [Statement on the Status of the OSHA COVID-19 Vaccination and Testing ETS](#) (1/25/22)
  - [Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination; QSO-22-11-ALL](#) (1/20/22)
  - [Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination; QSO-22-09-ALL](#) (1/14/22)

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Infection Prevention & Control Assessment Tool (ICARs) for LTC and ALF

Infection Control Assessment and Response (ICAR) tools are used to systematically assess a healthcare facility's infection prevention and control (IPC) practices and guide quality improvement activities (e.g., by addressing identified gaps).

How does a COVID ICAR benefit my ALF or LTC facility?

*Non-regulatory & FREE: Talk one-on-one with an infection preventionist and an infectious disease doctor to see how your facility is REALLY doing during the pandemic.

*Not just a checklist: While the CDC ICAR guides the discussion, the team talks through scenarios that are relevant to YOUR facility. They can compare what worked last year vs. what works now and review the latest guidelines, science and updates.

*Above and Beyond: Sharing tips and tricks on what works for other facilities in South Dakota and what might also work for you. Topics like vaccination uptake in staff, addressing PPE Fatigue, and reinforcing what you are doing RIGHT.

*Feedback after the ICAR to have on file for your facility. Something you can refer to when needed in the future!

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South Dakota Project Firstline
https://www.sdprojectfirstline.org

SOUTH DAKOTA
Foundation for Medical Care

Putting Infection Prevention into Everyday Practice

February 22, 2022 | 2:00 – 3:00 p.m. CT

To stop the spread of infections, everyone working in a healthcare facility needs to have a foundational knowledge of infection prevention and must be ready to implement basic measures throughout their workday and at home. In this session, we will discuss how infections spread and identify ways to break this chain. We will discuss the differences in standard and transmission-based precautions and what each of those consist of. And then finally, we will discuss methods for controlling infections while providing care.
Together, we have the power to help stop infections from spreading.

 Presenter: Cheri Fast, RN, BSN, CIC

Register Today - https://register.gotowebinar.com/register/2256143304966728973

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Infection Control Questions? Contact Us:

Kipp Stahl kipp.stahl@state.sd.us
Leah Bomesberger leah.bomesberger@state.sd.us

Contact Leah if you would like to sign your facility up for an ICAR!

SOUTH DAKOTA DEPARTMENT OF HEALTH

Community Mitigation

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New Confirmed and Probable Cases
354

Active Cases
15,679

Recovered Cases
213,997

Currently Hospitalized
317

Community Spread Map by County of Residence

MINNESOTA

SOUTH DAKOTA

Sioux Falls

IOWA

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Community Spread ● Low ● Moderate ● Substantial ● High

Hover over a county to see its details, or click county to update the orange boxes.

Total Confirmed and Probable Cases
232,400

PCR Test Positivity Rate, Last 7 Days
21.9%
2/2/2022 - 2/8/2022

Total Tests
2,051,432

Ever Hospitalized
10,347

Deaths Among Cases
2,724

% Progress (December Goal: 44233 Tests)
259%

% Progress (January Goal: 44233 Tests)
423%

% Progress (February Goal: 44233 Tests)
68%

Total Doses Administered*
1,158,503

Total Persons Administered a Vaccine*
512,680

Percent of State Population with at least 1 Dose**
70%

Manufacturer	# of Doses
Janssen	37,185
Moderna	461,714
Pfizer	659,604

Doses	# of Recipients
Janssen - Series complete	34,584
Janssen - Booster dose	2,601
Moderna - 1 dose	25,251
Moderna - Series complete	172,404
Moderna - 3rd/Booster dose	87,142
Pfizer - 1 dose	35,078
Pfizer - Series complete	253,427
Pfizer - 3rd/Booster dose	113,000

Doses	% of Pop.
1 dose	70.47%
Series Complete	57.66%
Booster dose	31.26%

Based on 2019 Census Estimate for aged 5+ years (1 dose and Series Complete) and 16+ years (Booster dose).
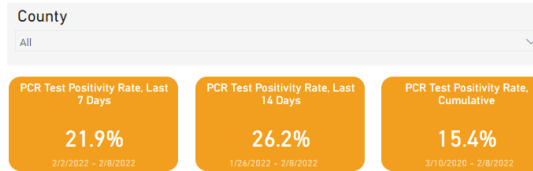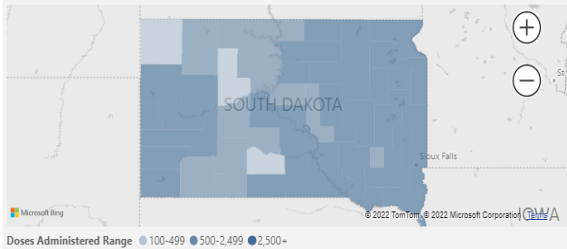
*Includes reports to SD Immunization Information System (SDIIS)
**Includes aggregate federal data from IHS, VA, DoD, and BoP plus reports to SDIIS

For COVID-19 Vaccine Coverage at 12+, 18+, or 65+ years click link below:

ⓘ US Vaccine Coverage

Doses & Persons Administered Vaccine by County of Residence

SOUTH DAKOTA

Sioux Falls

IOWA

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Doses Administered Range ● 100-499 ● 500-2,499 ● 2,500+

County
All

PCR Test Positivity Rate, Last 7 Days
21.9%
2/2/2022 - 2/8/2022

PCR Test Positivity Rate, Last 14 Days
26.2%
1/26/2022 - 2/8/2022

PCR Test Positivity Rate, Cumulative
15.4%
3/10/2020 - 2/8/2022

PCR Test Positivity Rate: This rate is equal to the number of positive PCR tests divided by total PCR tests, within the specified period of time. Date range includes last full day (24 hours) captured in the data set.

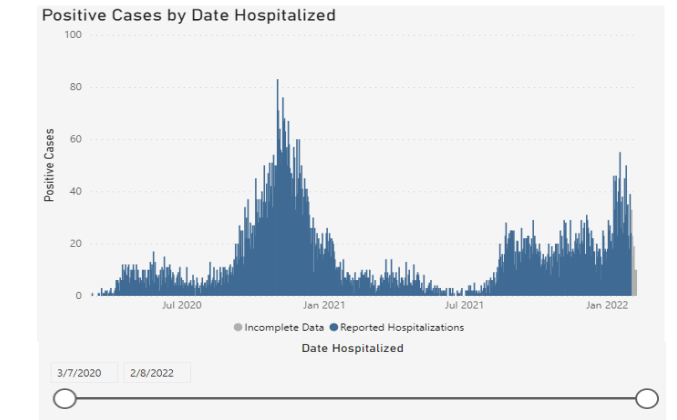### Confirmed Cases and 14-Day Trend Line by Date Reported to SD-DOH

856 790 720 231 532 476 349 195 138 264 278

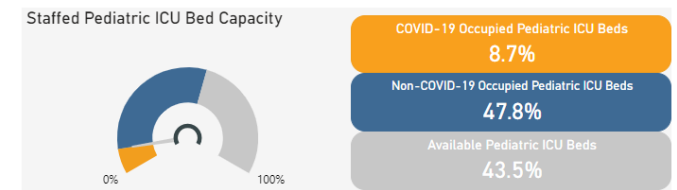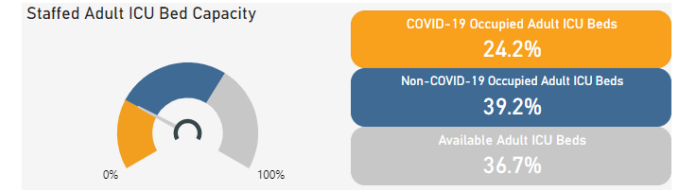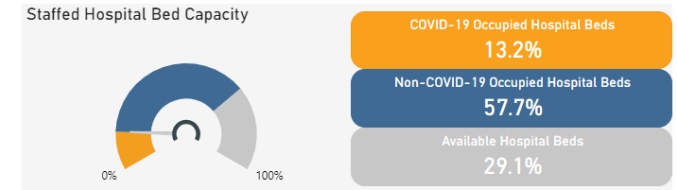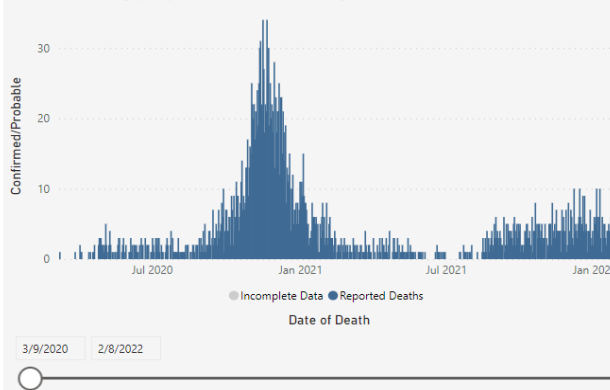● Confirmed Cases ● 14-Day Trend Line
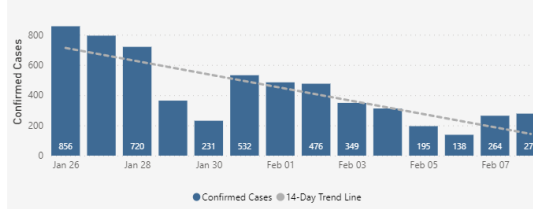
14-Day Trend of Confirmed Cases by Date Reported to SD-DOH: This graph shows the trend (increasing or decreasing) of COVID-19 confirmed cases (persons who meet the national surveillance case definition for COVID-19) at the state or county level.

Daily Rate of Total Cases, Last 7 Days
2/2/2022 - 2/8/2022
47.35
Daily Case Rate per Capita

Rate of Total Cases, Cumulative
3/10/2020 - 2/8/2022
26,323
Case Rate per Capita

Rate of Cases: Number of cases (persons who meet the national surveillance case definition for a confirmed or probable case of COVID-19) reported to SD-DOH in the last 7 days as a daily average (or cumulative) divided by the state or county population multiplied by 100,000. This is done to compare disease burden across geographic areas (eg. state or county).

Deaths among people with COVID-19
2,724
03/09/2020 – 02/08/2022

Deaths caused by COVID-19*
*Updated weekly on Monday
2,386
03/09/2020 – 02/08/2022

Cases Among Long Term Care Residents
4,694
03/09/2020 – 02/08/2022

Deaths among Long Term Care Residents with COVID-19
962
03/09/2020 – 02/08/2022

Deaths among people with COVID-19 by Date of Death

● Incomplete Data ● Reported Deaths
Date of Death

3/9/2020   2/8/2022

Staffed Hospital Bed Capacity

0%   100%

COVID-19 Occupied Hospital Beds
13.2%

Non-COVID-19 Occupied Hospital Beds
57.7%

Available Hospital Beds
29.1%

Staffed Adult ICU Bed Capacity

0%   100%

COVID-19 Occupied Adult ICU Beds
24.2%

Non-COVID-19 Occupied Adult ICU Beds
39.2%

Available Adult ICU Beds
36.7%

Staffed Pediatric ICU Bed Capacity

0%   100%

COVID-19 Occupied Pediatric ICU Beds
8.7%

Non-COVID-19 Occupied Pediatric ICU Beds
47.8%

Available Pediatric ICU Beds
43.5%

Ever Hospitalized
10,347
03/07/2020 – 02/08/2022

Currently Hospitalized
317

Positive Cases by Date Hospitalized

● Incomplete Data ● Reported Hospitalizations
Date Hospitalized

3/7/2020   2/8/2022

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Supply Chain Management

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PPE Request Procedure

All requests for PPE from DOH must be:

- Emailed to COVIDResourceRequests@state.sd.us,

- Faxed to **605.773.5942,** or

- Called in to **605.773.3048** to ensure prioritization and coordination of requests.

- Do not duplicate your request by using all three means of communication.

- Any requests received through any other email or number will all be directed to email COVIDResourceRequests@state.sd.us OR call **605.773.3048** and requesting entities must provide information regarding their current facility status.

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On-going Communication

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Helpful sources of information:

covid.sd.gov

coronavirus.gov

- **SD COVID-19 Help Line: 800-997-2880**

SOUTH DAKOTA
COVID-19 INFORMATION LINE
Questions about COVID-19? We're here to help.
PLEASE CALL **1-800-997-2880**

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Communications

- SD-HAN: sdhan.sd.gov

- Epi Listserv

- Lab Listserv

- HAI Listserv

- OLC Listserv

Visit **covid.sd.gov** to subscribe

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PLEASE CALL **1-800-997-2880**

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Questions?

Follow-up after the webinar
COVID Helpline: 800-997-2880
Epidemiology: 605-773-3737
Laboratory: 605-773-3368

COVID.sd.gov

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